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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/832,048
Filing Date	April 9, 2001
First Named Inventor	Jue-Jei Sheu et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	

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Address					
City	Saratoga				
Country	U. S. A.	State	CA	ZIP	95070
Telephone	(408) 867-9757	Fax	(408) 867-7437		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Benjamin Liang Benjamin Liang
Signature	
Date	June 5, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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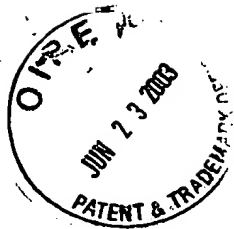
SIGNATURE of Applicant or Assignee of Record

Name	Lin-Lin Chen
Signature	
Date	5/31/03

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<input type="checkbox"/> Firm or Individual Name	Supreme Patent Services Jason Z. LIN				
Address	Post Office Box 2339				
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Country	U. S. A.	State	CA	ZIP	95070
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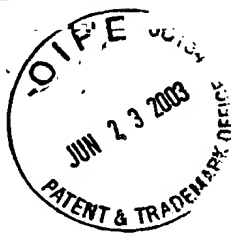
SIGNATURE of Applicant or Assignee of Record

Name	Emma Chen
Signature	<i>Emma Chen</i>
Date	June 5, 2003

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Name	Jue-Jei Sheu
Signature	
Date	June 5, 2003

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Examiner Name	
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SIGNATURE of Applicant or Assignee of Record

Name

Benjamin Liang

Benjamin Liang

Signature

Benjamin Liang

Date

June 5, 2003

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Name

Jue-Jei Sheu

Signature

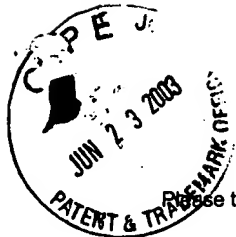
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Name	Lin-Lin Chen
Signature	<i>Lin-Lin Chen</i>
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Emma Chen

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